## KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES

## CERTIFIED MEDICATION AIDE CONTINUING EDUCATION Instructor Roster

This information must be typed and completed by the instructor. Submitinstructor roster, renewal application forms completed by each of the candidates, **\$20.00 non-refundable fee for each applicant**, and any attachments to the Kansas Department for Aging and Disability Services after the candidates have successfully completed the course.

Instructor Name:			
Instructor Number:	Course Number:	Course Begins://	Ends://
Sponsoring School Na me:			
Address:			
The students on this roster Education course in accord	satisfactorily completed the sp ance with KAR 28-39-169c.	ecified hour s of the Kansas Certified M	ledication Aide Continuing
		// 	
Authorized Signature		Date	
INSTRUCTOR USE ONL NAME (Last, First, MI, Otl			KDADS USE ONLY